Internal Memorandum

To: All New Applicants

From: Sergeant W. R. Furman, Post Advisor

Regarding: Application Packet

This is a memo explaining what should be in this packet and brief descriptions on how to fill it out.

<u>NOTICE:</u> PRINT ALL INFORMATION NEATLY AND CLEARLY ON THE FORMS. USE BLUE OR BLACK INK ONLY.

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WHAT TO DO WITH WHAT

New Applicant Information

Medical Release Form

Parent/Guardian Sign and Notarize

Hold Harmless and Release Form

Parent/Guardian Sign and Notarize

Parent/Guardian Sign and Notarize

Hold Harmless and Release Form

Parent/Guardian Sign and Notarize

Complete

Complete

Emergency Information Form Complete
Photo ID Form Complete

Application For Entry Form Complete and Sign

Background Check Consent Form Parent/Guardian Sign and Notarize

All forms and documents must be completed upon turning in this packet.

New Applicant Information

The following guidelines are to be followed by new applicants to the Dunwoody Police Department.

- 1. Members of the Dunwoody Police Explorers exemplify the standards of the Dunwoody Police Department. Only applicants with no criminal background need apply.
- 2. Explorers have regular scheduled meetings on Thursday from 6:00 p.m. to 8:30 p.m.
 - New applicants must attend three consecutive meetings before membership to the Post can be approved.
- 3. Applicants must fill out this application entirely and turn in \$50.00 nonrefundable fee before becoming a member of the Dunwoody Police Explorers. A nominal deposit may be required for certain gear.
- 4. Uniforms will be issued to the applicant only when the Post Advisor sees that the applicant meets the standards of the Dunwoody Police Department and Police Explorers determine it. All uniforms, id cards, patches, or any other gear issued by the Dunwoody Police Department shall be the soul property of that Department. The transfer, selling, or alteration of that property is strictly prohibited.
- 5. All uniforms, Identification cards, patches, or any other equipment must be returned to the Post within fourteen days of separation or termination from this Post. Failure to return all property within thirty days of separation will result in criminal charges being filed against the former Explorer and/or Parents.
- 6. It is the responsibility of the new applicant to return all of the items indicated in Chapter 6.00.00 of the S.O.P. to the Post Advisor.

 All new applicants will be issued and must familiarize themselves with the Dunwoody Police Explorer S.O.P. and abide by its guidelines. Failure to do so would result in disciplinary action or termination from the Post.
- 7. New applicants must be at least fourteen years old and in high school. The applicant is required to maintain a satisfactory GPA of 2.0 or higher.
- 8. All Explorers are subject to a partial or complete medical examination by a Physician.
- 9. All Explorers are subject to a drug-screening test at any time while a member of this program.

New Applicant's Signature:	Date:	
Parent/Guardian's Signature:	Date:	

Medical Release Form

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The undersigned, parents or guardians of	
This form is for all activities the above Explorer will participate in Police Explorer. This authorization will remain effective until writ consent or termination from Post.	
This form <u>must</u> be filled out entirely for an applic <mark>ant to be c</mark> onsider program.	red for entry into the
Printed Parent or Guardian's Name	Date
Parent or Guardian's Signature	
Insurance Company	Notary
Insurance Policy Number	
Name of Insured	

HOLD HARMLESS AGREEMENT

WHEREAS, the undersigned,	desires	to
become a Police Explorer of the City of Dunwoody Police Department	in order	to
observe the activities of the City of Dunwoody police;		

NOW, THEREFORE, for and in consideration of the use of the premises, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby declare and agree to the following:

- (a) agree and warrant that they do hereby release, defend, indemnify and save harmless the City of Dunwoody, its officers, directors, employees, and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including, but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from riding with a member of the City of Dunwoody Police Department or arising out of any activities in connection with the Explorer program and/or ride-along with the City of Dunwoody police, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Dunwoody;
- (1) Explorers may, upon reaching the age of 18 and having an approval letter from the Chief of Police, participate in the department's ride along program.
- (b) agree and warrants that they shall reimburse the City of Dunwoody for legal fees and other costs incurred in the City of Dunwoody's defense of such claims of litigation. The City of Dunwoody shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement;
- (c) agrees that this release extends and applies to, and also covers and includes, all unknown, unforeseen unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived;

(d) acknowledge that the waiver hereby releases and discharges the City of Dunwoody, its officers, directors, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the Explorer program and/or ride-along with the City of Dunwoody Police Department. The undersigned further covenants with the City of Dunwoody that they, their heirs, executors, assigns and transferees will never at any future time sue the City for or on account of any claim for damages arising out of their participation in the Explorer program and/or ride-along with the City of Dunwoody Police Department whether such claims arise by the negligence of the City of Dunwoody, its employees or agents, or by the negligence of any other participant; (e) agrees and understands that the agreement by the City of Dunwoody to allow the undersigned to ride with a member of the City of Dunwoody Police Department, is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Dunwoody, its officers and members. WITNESS the hand and seal of the undersigned, this day of 20 "Undersigned": (sign here) Signed, sealed, sworn to, and subscribed before the undersigned unofficial witness and notary public **Unofficial Witness** Notary Public Commission Date:

	Eme	ergency Informat	ion Form	
Name:		Since.	00	M
La	st	First	Middle	
Address:				
Nι	ımber	Street		Apt #
Phone Numbers:	Hom	ne -	Work	
Email Address:	Cell		3)=A	
Date of Birth:				
Social Security Nur	nber:	A ST		
Driver's License N	umber:		A 10	
Insurance Company	/:	Wild I	Policy Number:	
Primary Card Hold	er's Name			
Parent(s) and/or Gu	ardian(s):	Father/Male Guardian	Mother/Fe	emale Guardian
	Father/Ma	lle Guardian	Mother/Female	Guardian
Home Phone:				
Cell Phone:				
Work Phone:				

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Must provide at least two emergency contacts:

Emergency Contact 1:	
Name:	Relation:
Home:	Work:
Cell:	- LIVING TO THE REAL PROPERTY OF THE PERTY O
Emergency Contact 2:	
Name:	Relation:
Home:	Work:
Cell:	TANKARI ART ART
100 A 2014 (2014)	
Emergency Contact 3:	
Name:	Relation:
Home:	Work:
Cell:	
Emanganay Cartast A	
Emergency Contact 4:	Relation:
Name: Home:	Work:
Cell:	WOIK.
Cen.	
Medical History:	
Wiculcul History.	
Have you ever been hospitalize	ed? YES NO
If YES, please explain:	
H C	
N. V.	
	g-term medication? YES NO
If YES, please explain:	
Do you suffer from any medica	al conditions? YES NO
If YES, please explain:	ar conditions: TES NO
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	ou allergic to anything? YES NO S, please explain:
	re anything you feel it is necessary for us to know? YES NO S, please explain:
ote:	This information must be kept current and it is the individual Explorer's responsibility that current records are maintained with the Post.
	EXPLORER

	Application	for Entry	
Personal Information:			
Name:		25 34	
Last	First	Middle	
Address:Number	Ctwoot		A mt #
Number	Street		Apt #
City	State	Zip Code	County
Phone Numbers:	IN MERCEN	18	6
	Home		Work
	Cell		
Social Security Number:_	507		
Oriver License Number:	TVT	1000	
Circle: Male Female	Race:		
Date of Birth:	Ag	e:	
School:		Grade:	
Hair Color:	F	Eye Color:	
Height:	V	Veight:	
Email Address:			
Oo you speak any other land f YES, please explain:	nguage beside Engli	sh? YES NO	
i 125, pieuse expiaiii	*Continued N	Vext Page*	

List all organizations, clubs, and associations, which you are currently participating with
What are your hobbies, special skills, abilities and/or achievements?
Are you currently employed? YES NO If YES, with whom:
Supervisors Name Work Address
Job Title:How long employed: Days/Hours you work: Would your job interfere with your explorer duties? YES NO
IF YES, please explain how:
Have you ever been detained by the police? YES NO If YES, please explain:
Have you ever been charged or convicted of a crime or juvenile offense? (Do not include traffic violations) YES NO If YES, please explain:
List all traffic citations that you have received:
Location (Dept) Approx. Date Nature of Violation Penalty Disposition
Continue Next Page

List your career and education	n goal(s):
References: (NO Immediate	Family Members)
Reference 1:	
Name:	Relation:
Home Phone:	Work Phone:
2 A 201.00	
Reference 2:	Relation:
Name: Home Phone:	Work Phone:
	ngngngngng
Reference 3:	100000
Name: Home Phone:	Relation:
nome Phone.	Work Phone:
Who recommended you for the	ne Explorer Program or how did you hear about it?
	I de la companya della companya della companya de la companya della companya dell
The same of	
Are you a U.S. citizen? YE	
If NO, please explain why and	d if you are planning to be one:
	and the second s
Have you are monticipated in	the Boy Scouts or Girl Scouts? YES NO
If YES, what was your rank?	
ii 125, what was your rank.	
	ed from another Explorer post or any Boy Scouts of America
organization? YES NO	why and by whom:
ii 1 ES, piease expiain when,	

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Do you smoke cigarettes? YES NO
Do you chew tobacco? YES NO
Have you ever done drugs? YES NO If YES, please explain when and what:
Have you ever consumed alcohol? YES NO If YES, please explain when, why, and where:
Has there ever been any disciplinary action taken against you at school? YES NO If YES, please explain when and why:
Are you or were you ever affiliated with any cult, gang, or organized crime? YES NO If YES, please explain when and who:

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Short Essay: (Print Legibly or Type)

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Please read and sign:

falsification or misrepresentations, I also discovered by the Dunwoody Police Dep	application is the truth and it contains no understand that any falsehood or half-truth partment will be grounds for termination or denial and that all the information contained in this
Applicant's Signature	Date
Parent/Guardian's Signature	
Reviewed by:	
Advisor Signature	Date

Background Check Consent Form

The undersigned, parents or guardians of	, a
member of the Dunwoody Police Explorers, hereby authorizes	s the Dunwoody Police
Explorer Advisor or his designee to conduct a thorough crimin	
investigation. This is to include, but not limited to a criminal	history check, driver's
history check, school attendance and academic records check,	
family/friends/acquaintances for the purpose of acceptance an	d continued participation i
the Dunwoody Police Explorer Program.	
ATRIBURATION CO.	
	-/
Explorer's Signature	Date
Explorer 5 bigilitare	Dute
A CHARLES AND A	
Printed Parent or Guardian's Name	
Parent of Guardian's Signature	Notary